



Apples to Zebras

Before School, Lunchtime & Afterschool

Before School Apples to Zebras **"Before School"** classes offer an extra 45 minutes in the morning to get the children awake and moving before their two-hour Apples-Zebras class.

Lunchtime Apples to Zebras **"Lunchtime"** classes offer an extra 45 minutes in the day to continue to create arts and crafts projects and participate in fun after school activities.

Afterschool Apples to Zebras **"Afterschool"** classes offer an additional 45 minutes in the day to continue to create arts and crafts projects and participate in fun after school activities.

All programs are for youth ages 3-5 years. Children must be 3 years of age by June 6, 2011 and must be potty trained (no diapers or pull ups allowed).

These programs are held at the Chandler Community Center, 125 E. Commonwealth Ave.

For additional information contact Courtney Allen at 480-782-2730 or via e-mail at courtney.allen@chandleraz.gov.

To register, go online to www.chandleraz.gov/registration or complete the form below and return it with payment to any Chandler recreation center.

PROGRAM REGISTRATION FORM

APPLES TO ZEBRAS - BEFORE SCHOOL

6/6-7/14* • M-Th • 8:15-9 a.m.

| | | | |
|-----------|-------------------|---------------------|-------|
| Reg. Code | Res./Non-res. fee | # of kids enrolling | Total |
| 097CC.421 | \$61/\$83 | x _____ = | _____ |

APPLES TO ZEBRAS - LUNCHTIME

6/6-7/14* • M-Th • 11:15 a.m.-noon

| | | | |
|-----------|-------------------|---------------------|-------|
| Reg. Code | Res./Non-res. fee | # of kids enrolling | Total |
| 098CC.421 | \$61/\$83 | x _____ = | _____ |

APPLES TO ZEBRAS - AFTERSCHOOL

6/6-7/14* • M-Th • 2:15-3 p.m.

| | | | |
|-----------|-------------------|---------------------|-------|
| Reg. Code | Res./Non-res. fee | # of kids enrolling | Total |
| 096CC.421 | \$61/\$83 | x _____ = | _____ |

*No class 7/4

Total Fees = _____

NAME _____

DATE OF BIRTH _____ PHONE NUMBER(S) _____

ADDRESS _____

CITY _____ ZIP _____ E-MAIL _____

PAYMENT TYPE (CHECK ONE) ☐ CASH ☐ CHECK ☐ CREDIT CARD (CIRCLE TYPE): MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER _____ EXP. _____ / _____

SIGNATURE REQUIRED: I give permission for my child, myself or my spouse to receive medical treatment in case of an emergency. I understand that the City of Chandler does not carry accident insurance for these programs. I agree to indemnify and hold harmless the City of Chandler from all losses or injuries sustained during our participation. I also give my permission for any photos/videos taken of participants to be used by the City of Chandler.

PARENT SIGNATURE _____ DATE _____



Chandler • Arizona